"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

OR Fax to: 571-273-6500

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: if you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

	e following listed applicati CFR 1.363 the following a		gnize as the "	Fee Address" under the	provisions
\boxtimes	Customer Number:	000197			
OR					
	The attached Request for Customer Number (PTO/SB/125) form.				
	PATENT NUMBER		APPLIC	CATION NUMBER	
	7706916		10/532516		
Compl	eted by (check one): Applicant / Inventor			Mi	,
X	Attorney or Agent of record 30, 173 Signature (Reg No.) Thm ES A. FIND				NDER
3.71.	Assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			Typed or printed name (ソル) 38マークフロロ	
			su.	Requester's telephone number	
	Assignee recorded at Re	eel Frame	****	8 June 7	2010
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below * Total of forms are submitted.					